Champlain **LHIN** | **RLISS** de Champlain

Annual Report

2015-16

Ontario
Local Health Integration Network
Réseau local d'intégration des services de santé

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Message from the Chair and CEO

Patients First is more than a slogan for the Champlain LHIN. Whether we are expanding services for people with dementia, ensuring adequate foot care for clients with diabetes, or holding health organizations accountable for the services they provide, we endeavour to act as the honest broker.

We aim to reflect the voice of the patient, both young and old, in hospital or at home by offering the right health services, at the right time and in the right place. Respect for the needs of the patient is paramount in all our efforts.

In 2015-16, staff and board members of the Champlain LHIN vigorously pursued our mandate to plan, integrate and fund the health system for the region. This was the third and last year of our *Integrated Health Service Plan 2013-16*, and extensive progress was realized during this time.

In this report, we illustrate the health journeys of real people, exemplifying our work in each of the six Champlain LHIN's Key Result Areas as well as Health Links.

We learn, for example, about Patricia Pottie, who received stellar care to treat her osteoarthritis in both knees. And about Bernard Turcotte, who is participating in several new LHIN seniors' programs to help him remain safely at home with supports in place.

We also hear the voices of Jamie Sullivan and Jamie Schultz, who once struggled with homelessness, but now receive intensive and compassionate services in a new supportive housing program. They are among hundreds of thousands of people who have benefitted from regional health-system changes in recent years to improve quality of care and access to services.

Meeting the needs of diverse communities has also been a priority for the Champlain LHIN. For example, we have engaged with the Champlain Indigenous Health Circle Forum, and supported cultural competency activities among health providers.

To better plan future services for Francophone residents, we launched a project that collects more detailed information from French-speaking hospital patients. In addition, the LHIN welcomed more than 1,000 Syrian refugees to Ottawa by helping to organize their health services upon arrival.

Major activities were undertaken this year to develop the region's *Integrated Health Service Plan (IHSP)* for 2016-19. The LHIN's most important planning document, this plan provides a strategic framework for future planning and decision-making over the next three years. It outlines three strategic directions (access, integration and sustainability) and nine priorities, including integrating community and home-care services and enhancing palliative care in settings of choice.

The Champlain LHIN continually measured the performance of the health system so we could act on results, which were reported to the public quarterly, in a new format.

This year, the provincial government made a number of changes to the 14 performance targets all LHINs must meet over the three years covered by new accountability agreements with the Ministry of Health and Long-Term Care.

These changes have the effect of 'raising the performance bar,' in some cases significantly. On average, the Champlain LHIN achieved an 80 per cent performance level against provincial targets. Overall, across the province and at the time of writing, this report, comparable performance of other LHINs ranged from 73 to 90 per cent.

Our most significant improvement this year was seen in the reduction in the number of hospital patients waiting for an alternate level of care. This positive shift was due to the creation of new community-based programs for seniors and better tracking of available beds across the system.

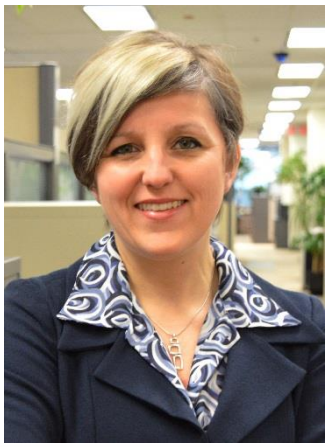
Meeting the new, ambitious provincial targets in other areas proved more challenging, particularly for MRI wait times. As demand increases annually for this diagnostic scan, we strive to find efficiencies in this area.

While there is still much work to accomplish, we have a solid performance record and can be proud of our many achievements to date.

We wish to sincerely thank Champlain LHIN providers, partners and members of the public for their input and collaboration in helping to meet the goals we set out together three years ago.

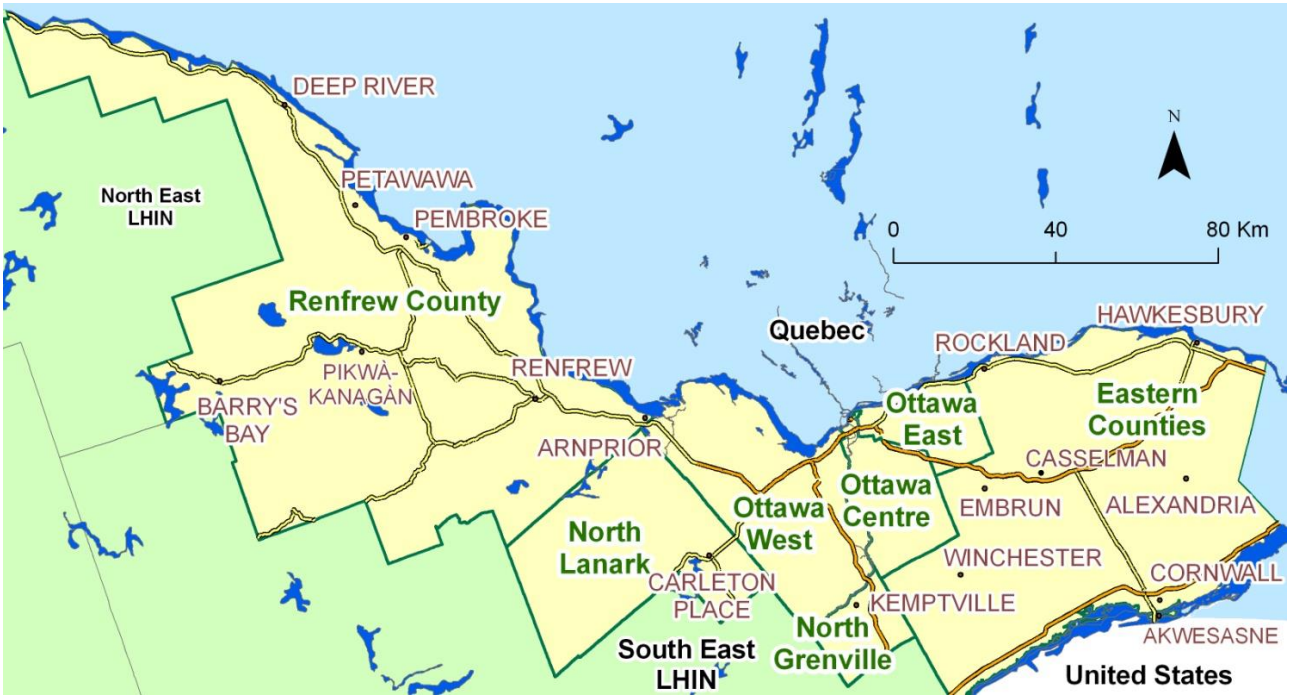
We also wish to commend and thank all the members of our small LHIN team for their outstanding work and commitment. It is these key partnerships, and our team, which have allowed us to truly put patients first.

Jean-Pierre Boisclair, FCPA, FCA
Board Chair



Chantale LeClerc, RN, MSc
Chief Executive Officer

The Champlain LHIN



Champlain is Ontario's easternmost LHIN and covers a large geography, sharing a 465-km-long border with Quebec.

The population of the Champlain region is diverse:

- *One in five Champlain residents lives in a rural area.*
- *One in five Champlain residents is Francophone.*
- *One in six Champlain residents reports using a language other than English and French. The most common languages are Chinese (several languages combined), Arabic, and Italian.*
- *There are two First Nations communities: Akwesasne (near Cornwall and the second most populous reserve in Canada), and Pikwàkanagàn (in Renfrew County). Over two-thirds of Indigenous peoples live off-reserve.*

The aim of the LHIN is to help coordinate health services so that people receive care in a timely way. The LHIN does not provide services directly. Rather, our mandate is to ensure the services are well organized, appropriately funded and meet the needs of residents of all ages.

The Champlain LHIN *plans, coordinates and funds health services* in the following health sectors:

- *Hospitals*
- *Community Care Access Centre (home care)*
- *Addictions and Mental Health Agencies*
- *Community Support Services (such as Meals on Wheels)*
- *Community Health Centres, and*
- *Long-Term Care Homes.*

Delivering Results on our Integrated Health Service Plan

The *Integrated Health Service Plan (IHSP) 2013-16* outlines how the Champlain LHIN is creating a person-centred regional health care system. It has three strategies:

- *Building a strong foundation of integrated primary, home and community care*
- *Increasing coordination and integration of services among hospitals; and*
- *Improving coordination and transitions of care.*

Success in these three strategies means that we will see results in these key areas:

1) *More people are involved in planning their health services*
2) *More people received quality, evidence-based care*
3) *More people with mental health conditions & addictions have access to services*
4) *More seniors are cared for in their communities*
5) *More people with complex health conditions are able to manage their conditions; and*
6) *More people at end-of-life, families & caregivers receive palliative care supports in their setting of choice.*

With its work, the LHIN serves the diverse population in the region, including those living in urban and rural settings, youth to seniors, Indigenous, Francophone and immigrant community members.

Finding local solutions to local health care challenges means the LHIN collaborated with health care providers in six sectors, community and regional partners.

With integration at the core of our work, the *IHSP* as its guide, and strength in partnerships, the LHIN continued to develop solutions that included increasing existing programs, reducing barriers, and developing new approaches.

This year's outcomes show important progress in better meeting the health care needs of patients, clients, families and communities.

The following seven patient and client stories illustrate just some of this work. They show how the patient and caregiver experience has improved in so many different ways for various populations. Each of the stories depicts the journeys of real people living in the Champlain region. We appreciate that they agreed to share their experiences with us.

Key Result Area 1: More People are Involved in Planning their Care

"Getting input from front-line users brings the system to life"

Engaging a Caregiver in the LHIN's Strategic Initiatives

Doreen Rocque understands the importance of client and family engagement in shaping the health system. A caregiver for many years, Doreen helped create the Family and Friends Council at Perley and Rideau Veterans' Health Centre after her husband Blake moved there, as the result of Parkinson's disease and a bad fall.

Doreen continued her role as family representative at the long-term care home, even after her husband had passed away.

"We are able to influence new policies and the improvement in daily care," she says of the Council's work at the Perley and Rideau. "The administration listens to us and often they take our suggestions as best they can, with all the constraints that exist."

Doreen became connected to the Champlain LHIN through her involvement with the Champlain Region Family Council Network, which represents family councils at long-term care homes across the region. Since then, she has been a caregiver voice on a number of LHIN planning tables, including the Champlain Dementia Network and the Emergency Department / Alternate Level of Care Steering Committee. Recently, she joined a steering committee that planned the LHIN's Meaningful Engagement Forum, and spoke at the event on behalf of caregivers.

Doreen Rocque, who works with long-term care homes and the LHIN as a caregiver representative, explains why community engagement is critical for providers:

"I don't think anybody would want to do a bad job. They all want to take care of the patients, the residents and their families along the way. But there is always room for improvement, and sometimes it might be an improvement that doesn't require money. It can be a change in attitude or change in approach, or putting a smile on your face instead of a frown."

The work, she explains, helps her understand the role of the LHIN and how the health system can be more affordable and sustainable. It allows her to provide input into the changes that need to be made based on her family's experiences. "Getting input from front-line users brings the system to life," she says.

During the past three years, the Champlain LHIN has focused on involving patients, clients and family members – people like Doreen - in planning health care. For example, we added client representatives to several of our committees, and asked for detailed public input on our strategic plans, resulting in meaningful dialogue that sparked new ideas and approaches.

To develop its 2016 - 19 strategic plan, the LHIN received input from roughly 5,000 people. In particular, the LHIN has reached out to Indigenous populations through the Indigenous Health Circle Forum. Francophone and immigrant communities have also provided valuable input via the French Language Health Services Network of Eastern Ontario (*Le Réseau*) and the Ottawa Local Immigration Partnership.

Caregiver representative, Doreen Rocque

Key Result Area 2: More People Receive Quality, Evidence-Based Care

"No Problem Getting Around"

Improving Hip and Knee Joint Care

Several years ago, wait times for hip and knee replacement surgeries in the Champlain region were too long. People used to wait about a year to find out if they qualified for surgery, and even longer to actually receive the procedure. The Champlain LHIN noted there were separate wait lists for individual surgeons, resulting in a lack of coordination.

To improve the situation, the Champlain LHIN put in place a central intake system and created three joint assessment clinics – at the Queensway Carleton Hospital in Ottawa with a satellite at Pembroke Regional Hospital, Hôpital Montfort in Ottawa, and Cornwall Community Hospital. The goals were to improve the quality of care, make sure people were referred to surgery appropriately, help them make informed decisions, and reduce wait times.

Patricia Pottie, 78, visited the Total Joint Assessment Clinic at the Queensway Carleton Hospital in Ottawa two years ago due to worsening osteoarthritis in both knees. She received her 45-minute joint assessment appointment at the clinic less than a week after her family doctor made the referral. "It was one of the best examinations I have ever had," she says. "I got all the information I needed.

Patient Patricia Pottie, and Regional Hip and Knee Replacement Program Lead, Maureen Sly-Havey, RN, MSN

Based on the assessment, Patricia managed her condition for another year with medication and exercises. When it was time for surgery, she was given a list of surgeons to choose from, along with their wait times. She had her left knee replaced in November 2015 and her right knee in in April 2016. The procedures have provided her with newfound independence.

"One of the things I really like to do is walk a lot. I was really compromised before because of my legs and knees. They would get quite sore. Now my quality of life is fabulous. No problem getting around, getting on and off the bus, moving."

Demand for the regional service is surging. In 2015, 6,600 patients went through the central intake system, an increase from 4,665 three years before.

In addition to hip and knee joint replacement surgery, the Champlain LHIN is providing quality, evidence-based care in other areas, such as preventing falls among seniors.

The time from referral to hip or knee replacement surgery and actually receiving the procedure has decreased over the past three years.

- ***88 per cent of Champlain residents now get their knee replacement surgery within the target period of 182 days after being referred to surgery. That's an increase from 65 per cent in 2012-13.***
- ***85 per cent of Champlain residents now receive their hip replacement surgery within the target time; that percentage has risen from 67 per cent in 2012-13.***

While there is still work to do, improvements are being made through improved coordination and care.

Key Result Area 3: More People with Mental-Health Conditions and Addictions have Access to Services

"I have a new family here, and everything is going great."

Housing Plus Support Services Makes the Difference

Clients Jamie Schultz and Jamie Sullivan, and Ottawa Inner City Health Care Coordinator, Lynn Burnett with Gidget

Jamie Sullivan is home now. After years of struggling with substance use and spending some time in jail, the 25-year-old moved into Gardner Street Enhanced Supportive Housing in Ottawa, a choice that transformed his life. Jamie receives health-care services from the Champlain LHIN's supportive housing initiative, which is delivered by the community agency Ottawa Inner City Health.

The program is based on the Housing First model of care, which focuses on recovery by providing permanent housing and assistance to help formerly homeless people stay as healthy as possible. Since joining the program, Jamie says he has reconnected with his family, hasn't had problems with the justice system, and is less troubled by anxiety, although the past still haunts him. "My greatest fear is becoming homeless again. I couldn't bear the thought of it," Jamie says. He believes the new approach can make a difference to entire communities. "If there could be more places like this, it could solve the whole problem downtown and the issue with drugs."

The Gardner Street residence opened its doors in September 2015 with the capacity to house 34 residents. It includes four accessible units. To qualify for the program, clients must have been in shelter for a minimum of two years and require intensive health-care support.

Jamie's friend, Jamie Schultz, had lived on the street since the age of 18 until he also moved into an apartment at Gardner residence last year. He is now 39 years-old. "I have got a new family here and everything is going great," he says with a big smile. "I can't say how happy I am."

As part of the program, clients - like the two Jamies - receive peer support, are accompanied to medical appointments, can connect quickly with a 24/7 on-call registered nurse and get on-call physician services when needed. A client-care worker helps residents manage their medications and structure their daily routines.

The program is just one of many mental health and addictions programs put in place by the Champlain LHIN to help clients with mental-health conditions and addictions avoid unnecessary emergency visits and hospital admissions.

"Many of the clients living at Gardner Residence previously got apartment units or rooming services, but they failed because the added support services weren't there.

Without the LHIN's support, the building would not be successful."

\- Lynn Burnett, Care Coordinator
Ottawa Inner City Health

Key Result Area 4: More Seniors Receive Care in their Communities

"I love to be around family."

Supporting caregivers and helping seniors remain independent and safe at home

The Champlain LHIN has made significant progress in planning and putting in place new health services for seniors. The aim is to help people stay independent in their own homes for as long as possible. After all, many seniors wish to remain at home with their families, so long as sufficient community supports are in place. The approach also frees up long-term care home and hospital beds for those who need them the most.

Bernard Turcotte, 79, is a former school custodian in Ottawa who retired in 1997. Several months ago, he was diagnosed with dementia. He had also undergone a number of major surgeries for his heart and suffers from a spinal condition. With assistance from his wife Beatrice and two daughters, Bernard has received care from a number of programs offered to seniors in the region. The community-based supports have made a positive difference in their lives.

In fact, Beatrice says there is no reason for her husband to move into a long-term care home now, thanks to all the supports he is getting right at home. "I think we have a long way to go before something like that happens," she says. "We are not ready yet. My husband still likes to be with people that he knows, and do certain activities - and we can do them together."

After visiting the Primary Care Memory Clinic at the Montfort Academic Family Health Team, Bernard and his family were enrolled with the First Link program delivered by the Alzheimer Society of Ottawa and Renfrew County.

The Turcotte family took part in two of First Link's programs: The Living with Memory Changes program for people newly diagnosed with cognitive impairment, and the Caregiver Education Sessions.

> ***"I love to be around family. I remember when we were first married, we didn't have a lot of money to go places. That kept us all together. We went cross-country skiing and I played with the kids after supper. I still want to see them, and remember all those days."***
>
> \- Bernard Turcotte
>
> Client of several community-based seniors' programs in Ottawa

Bernard also participates in the Adult Day Program at *Centre d'Accueil* Champlain in Ottawa, which he attends twice a week.

Although Beatrice is currently able to drive her husband to medical appointments and the day program, that task is becoming more difficult, so Bernard has applied for the region's Non-Urgent Transportation Program.

These services and programs were launched in recent years; all receive funding from the Champlain LHIN and are available in both official languages at various sites. This means Bernard can receive services in French, his mother tongue, easing communication and improving his quality of life.

Client Bernard Turcotte with his wife, Beatrice, and their daughter, Lynn

Key Result Area 5: More People with Complex Health Conditions are Able to Manage their Conditions

"Because of the community diabetes programs, I am a regular person and my diabetes is very stable."

Community-based services help people with chronic illnesses avoid hospital visits

Type 2 diabetes can be a difficult condition to self-manage, especially with its serious risk of complications. No one understands those challenges better than Georges Baroud, who is staying as healthy as possible with the help of a number of local health programs serving people with chronic diseases.

In addition to diabetes, the 63-year-old Ottawa resident has faced a number of health issues: he has undergone surgery for heart disease, suffered a stroke, and has been diagnosed with kidney disease. He is followed by an endocrinologist and gets an MRI scan every six months to check up on his kidneys. Despite his multiple medical conditions, Georges manages to avoid emergency-room visits and hospitalizations, crediting his stable health to the numerous services he has received in the community.

Over the past two years, for example, he attended six group sessions through the Community Diabetes Education Program of Ottawa. This program is managed by Centretown Community Health Centre and is one of 6 such programs funded by the LHIN that deliver services at 18 sites in Ottawa, including many community and health centres, family health teams, and Indigenous health services.

Diabetes education programs and diabetes educators provide the information, knowledge and skills people living with diabetes need to better manage their condition.

The programs are available in a number of languages, and include services like pre-diabetes and diabetes group sessions, individual consultations with a nurse and dietician, medication management (in partnership with primary-care providers), follow-up and refresher groups, and advanced foot-care.

Diabetes education programs provide free access to diabetes educators (nurses, dieticians) and are available at many locations throughout the Champlain region.

Georges says the group sessions helped him manage his diabetes better. “It was also a great opportunity to speak with other people with similar health conditions and learn from their experiences, and we had the opportunity to ask our instructors questions,” he explains.

As part of the diabetes education program, Georges also visits his dietician Racha Zarzour regularly at South East Ottawa Community Health Centre, which is close to his home. Both speak Arabic, and Racha understands the food in Georges’ culture, which has created a strong therapeutic partnership. Racha, who communicates with George’s family physician, says his health has improved during the past couple of years, as evidenced by his blood results.

“He is doing a great job with self-management and putting into practice everything we suggest. We have been setting up goals and he has been following them,” says Racha. “I have been on his case, but he has been really good at working on changing his behaviours, according to all the recommendations and following up with us through the phone or in-person at the clinic.”

Client Georges Baroud and dietitian, Racha Zarzour

Key Result Area 6: More People at End-of-Life, Families and Caregivers Receive Palliative-Care Supports in their Setting of Choice

"It was a great help."

Hospice Care Providing Needed Services and Supportive Environments

Lisa Hubers, Madawaska Valley Hospice Palliative Care Program Director, and Michael Afelskie, Anne's husband, holding a family photo

When former teacher, Anne Afelskie, was dying at home from colon cancer, she was surrounded by family. She was also supported by trained volunteers from Madawaska Valley Hospice Palliative Care, who visited her at her Golden Lake home almost every day for four hours at a time.

The volunteers helped Anne brush her teeth. They prepared meals, washed dishes and told jokes. As well, nurses from the Community Care Access Centre (CCAC) gave her medication for pain while CCAC personal support workers provided additional care. This is exactly what Anne had hoped for; she didn't want to die in a hospital bed.

Her husband Michael Afelskie, a 73-year-old former accountant and farmer, appreciated the intensive in-home assistance. "Without the

services, I wouldn't have been able to keep my wife at home. It respected Anne's wishes to be at home. My children would come on weekends to spend time with their mom. My daughter, Julie, would bring her two daughters and spend most of the weekends here," he says. "I was plowing the fields, getting hay and feeding the cows. The volunteers allowed me to do a few little chores around the farm and home, but also gave me a little bit of mental rehab, when you can get out and do something different. It was a great help."

The services received by the Afelskie family are part of a larger LHIN initiative called the Champlain Hospice Palliative Care Program. The program strives to improve and expand community-based care for people at the end of their lives.

In addition to providing in-home services, Madawaska Valley Hospice Palliative Care also operates two residential hospice beds in Barry's Bay for people who prefer that setting.

Lisa Hubers, Madawaska Valley Hospice Care Program Director, explains that community-based services at end-of-life can help individuals during an extraordinarily difficult time.

"In the progression of an illness, there are some scary moments and sometimes there are little crisis moments, and we would help the family alleviate those concerns," says Lisa, adding that clinical staff was always available, in-person or by phone, to answer questions from Anne and Michael and their two children. "That prevented the family from rushing to an emergency department, and allowed the family to be comfortable and stay at home, right until the very end."

At age 74, and after a courageous battle with cancer, Anne Afelskie died peacefully at home on January 16, 2016, surrounded by her loved ones.

Champlain Hospice Palliative Care Program's strategic plan has five focus areas:

- ***Increase the number of residential hospice beds***
- ***Engage primary-care providers and build capacity at the primary level***
- ***Enhance in-home palliative-care service***
- ***Implement a regional bereavement plan, and***
- ***Develop and enhance volunteer programs.***

More People Receive Care from Health Links

"It is the care coordination that has paid off."

Improving the coordination of services for people who use health services the most

Louise Labelle and her nurse practitioner and Health Link care coordinator, François de Courval

When asked to list her health conditions, Louise Labelle jokes, "Why don't you ask me what I don't have?" Five years ago, she underwent neurosurgery for two brain tumours. She has experienced traumatic situations, suffers from chronic pain resulting from fibromyalgia, was diagnosed with Type 2 diabetes, and has high blood pressure.

Until recently, her care wasn't well coordinated, mainly because her health practitioners weren't communicating with each other. Louise, a 65-year-old Indigenous woman who lives in the eastern part of the Champlain region, spent far too much time travelling to various medical appointments and her diabetes was poorly controlled. But once she became a client of the Prescott-Russell Health Link, her health improved dramatically.

The Health Link model was built for clients like Louise, who have multiple health issues and regularly visit a number of health professionals.

In the Champlain region, eight Health Links are now operational, with two more on the way, bringing together a wide range of health providers to better coordinate care for clients who need significant health resources. The aim is to improve people's quality of life, and help them avoid emergency room visits and hospitalizations.

Because Health Links prevent duplication of services and ultimately reduce medical complications, they save the health system money.

Louise's journey was a complex one. Before she was attached to a Health Link, her health was deteriorating rapidly, especially after she moved from Ottawa to L'Orignal, and didn't have a family physician.

Then she called Health Care Connect, a Ministry of Health and Long-Term Care program that helped her find a new family doctor at the Plantagenet Family Health Team. After being referred by her family doctor, she joined the Prescott-Russell Health Link where she was surrounded by a circle of professionals who worked in tandem. They included a nurse practitioner who coordinates her care and conducts home visits, a nurse with expertise in diabetes, a dietician, a psychologist, a representative of the Ontario Disability Support Program, and her family physician.

The results have been first-rate. At first, Louise was visiting The Family Health Team three or four times a week. Now, because she is seen by various providers on the same day, she only needs about one health appointment per month. Between appointments, the Health Link group follows her health status. These changes have made a huge difference in her life.

"All of a sudden, everybody was around me - I was seen by the whole group," she shares, adding her diabetes is now under control. "I am surrounded by caring people. There are a lot of sick people who deserve the same kind of care. Here we are talking about the real care." She chuckles, "I am spoiled."

François de Courval, Louise Labelle's nurse practitioner and Health Link care coordinator, says his client is a different person now compared to when she first joined the Health Link.

"Louise was lost, she didn't know where to go. Now she is calm, less stressed, she has more time for herself, and doesn't have to run around for different appointments. It is the care coordination that has paid off."

Health System Improvement Enablers

Some of the LHIN's work supports improved effectiveness and efficiency across all other priority areas.

Monitoring Performance

The Champlain LHIN reports on the performance of the regional health care system and the LHIN, itself. This is done based on indicators contained in the contract between the LHIN and Ministry of Health and Long-Term Care: the Ministry-LHIN Accountability Agreement (MLAA).

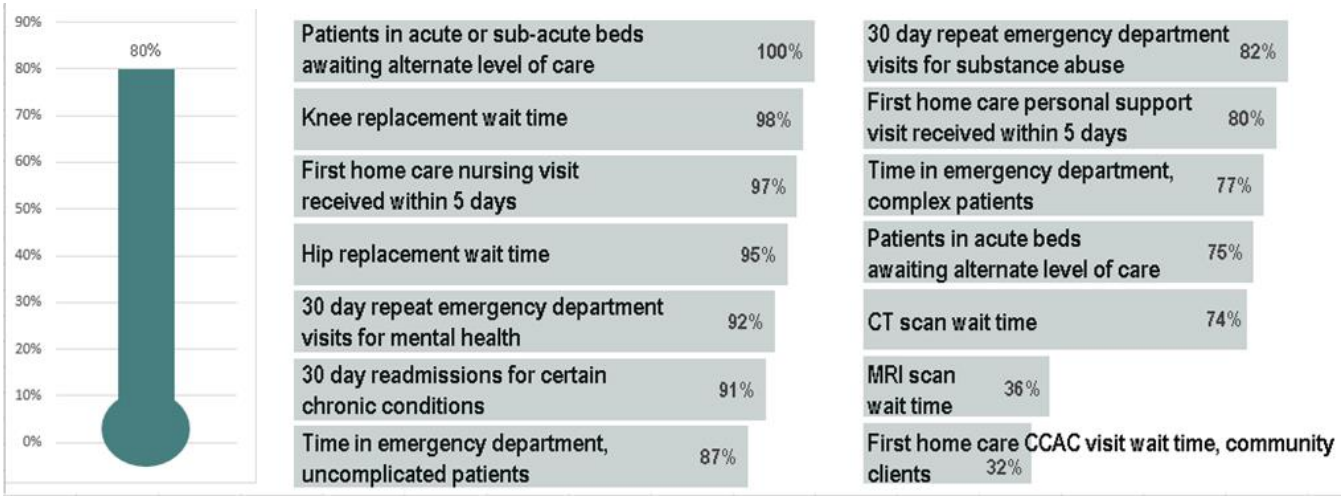
These indicators show how the system is functioning regarding access, integration of services, and quality of care. This year, the indicators and targets changed; the targets reflect increased performance expectations and are more challenging, compared with the previous MLAA.

The LHIN is working on strategies to achieve these targets. In some cases, the targets can be met in the short-term; in others, it will require the three-year term of the MLAA to achieve the goals, depending on how close we are to the target and the strategies needed to improve performance. It takes time to plan and implement changes to the health care system, and for those changes to be demonstrated in the indicators.

Looking at whether targets were met provides a partial understanding of performance. To provide better insight, a new "percent of target achieved" concept was developed. For example, if the target is 90% and current performance is 45%, then we have met 50% of the target. Averaging the measure across all indicators provides one number that quickly summarizes how far the LHIN is from achieving all of its targets, and how that compares over time. The average percent of target achievement across all MLAA indicators for 2015-16 was 80% (see below).

The LHIN achieved its target for patients in acute or sub-acute beds awaiting an alternate level of care, and was very close to achieving its target for knee and hip replacements, and timely nursing visits from the CCAC for first-time clients. However, the LHIN has had significant challenges with first home-care CCAC visit wait times and MRI and CT scan wait time targets. For more information, please see the Performance Indicator section of this report.

Champlain LHIN Percent of Target Achievement 2015-16 *(year to date)*



eConsultation

The Champlain LHIN has been a leader in electronic consultation (eConsultation), creating and rolling out an electronic tool that is revolutionizing health services. The initiative has provided a new way for family doctors and nurse practitioners to get advice quickly from specialists, resulting in improved quality of care and reduced wait times for clients. The program gained a greater footprint when the Mississauga Halton LHIN came on board in early 2015 as part of a provincial evaluation of the technology.

Last year, more than 7,000 cases were processed through the Champlain LHIN's eConsult program, twice the number as the year before. More than 430 health practitioners, including doctors and nurse practitioners, joined the initiative this year, and 44 clinical specialties were added (e.g. medical specialists in refugee care) for a total of 86 specialties. Users of the system reported high satisfaction levels. The average response time was two days on average, and unnecessary referrals were avoided in roughly 40 per cent of cases.

This year, the Champlain eConsult team received national recognition after being selected for a Canada Health Infoway National ImagineNation Award. The project was also acknowledged provincially when it was placed on the Minister's Honour Roll. Successful results of the eConsult program were published in 12 peer-reviewed journals.

eCollaboration Space

The Champlain LHIN's electronic collaboration (eCollaboration) space has improved health services in three key ways. For providers in the region, this tool:

1) *Allows for more efficient appointment booking. For example, the Champlain Non-Urgent Transportation Program, which books rides for clients to medical appointments, uses the collaboration space to organize its driver and van schedules.*

2) *Improves the clinical referral process for services like the hip and knee central intake, regional geriatric assessments, and Living Healthy Champlain chronic condition self-management programs.*

3) *Improves communication among health care providers, which is an advantage when information needs to be shared quickly among a large group. A number of new groups leveraged the space this year for team interaction or clinical collaboration, including Health Links, (networks that coordinate care for people with the most complex health needs).*

This year, 1,300 new users were added, bringing the total users to more than 8,200.

Progress on Infrastructure Projects

The Champlain LHIN reviews capital projects to ensure they align with local health needs. After receiving LHIN endorsement, each project is sent to the Ministry of Health and Long-Term Care (Ministry) for it next stage of review.

This year, the LHIN Board of Directors endorsed the program and service elements outlined in these projects:

- *The Ottawa Hospital's plan to redevelop its Civic campus to improve and modernize services for patients: the LHIN Board supported the hospital's proposed approach to build on undeveloped land rather than on the current site as it would be less costly and less disruptive to the ongoing delivery of services.*

  The LHIN endorsement effectively reaffirmed the LHIN's support for the project and set the stage for more detailed planning and community engagement.

- *Renovated and expanded stem-cell transplant program at The Ottawa Hospital: Due to significant patient demand, Cancer Care Ontario identified a need to increase capacity at all three regional cancer programs in Ontario performing a full range of stem cell transplant procedures for treating some patients with leukemia, lymphoma and other blood disorders.*

  The hospital's proposal creates additional space for inpatient beds, outpatient services, and related support services (including pharmacy, laboratory and diagnostic imaging).

- *Hospital Infrastructure Renewal Fund: the Champlain LHIN provided almost $11 million to address urgent hospital infrastructure needs.*

- *Construction of a professional building on the site of Renfrew Victoria Hospital: The proposal was to build a two-storey medical professional building on the hospital's property using its own funds. The project was not considered a financial risk to the hospital, and will help attract and retain family physicians to the area.*

- *Orléans Family Health Hub: Hôpital Montfort submitted a functional plan to the LHIN, providing details about proposed programs and services, the number of clients to be served, and space requirements.*

  The project is an innovative model of care that will provide a variety of health services to people in the eastern part of Ottawa, including Orléans. It will focus on geriatric support, mental health services, diagnostic imaging, and outpatient medical clinics. Teams of health professionals will help clients navigate the health system and support them in managing their chronic conditions.

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Health System Accountability

In 2015-16, the Champlain LHIN allocated more than $2.5 billion to support 241 programs across 6 sectors (see below).

For the list of LHIN-funded Health Service Providers (Providers) and their accountability agreements, please visit our website.

Programs and Allocation by Sector (2015-16)

Programs	Sector	Annual Allocation	% of total
20	Hospitals	$1,741,345,200	68.1%
60	Long-Term Care Homes	$349,005,219	13.6%
1	Community Care Access Centre *(many service locations)*	$236,484,027	9.2%
63	Community Mental Health & Addiction Services	$96,364,011	3.8%
86	Community Support Services*	$71,528,325	2.8%
11	Community Health Centres *(including satellites)*	$62,432,199	2.4%
241		**$2,557,158,981**	**100%**

Overall, service volumes continued to increase and funding remained relatively constant. In fact, the LHIN distributed more funding (roughly $18.4 million) to community-based agencies than in 2014-15. The goal was to improve Champlain residents' quality of life, keep people healthy at home, and prevent avoidable emergency room visits.

The LHIN negotiated agreements with Providers in all sectors (see the table to the left). In the agreements, the LHIN and Providers established financial and operational targets, as well as those for service volumes, quality and wait times. The LHIN also worked with Providers, monitoring results and taking actions, when needed, to optimize performance at the individual and system levels.

Providers now share the LHIN's targets for metrics outlined in the MLAA (LHIN's agreement with the Ministry).

Agreements with health providers contain local obligations to align their work with the LHIN's priorities on improving the health system.

In addition, the LHIN strengthened its partnerships with Providers to analyze local impacts and implement Health System Funding Reform (HSFR). This patient-centred model moves from global-funding towards a more evidenced-based model. Under the reform, hospitals, community care access centres, and long-term care homes receive dollars based on:

- *How many patients they look after,*
- *The services they deliver; and*
- *The specific needs of the population they serve.*

As part of HSFR, some additional quality-based procedures were implemented this year, including best-care practices for hip fractures and acute knee arthroscopy.

Community Engagement

In 2015-16, the Champlain LHIN continued to build upon three main community engagement goals:

1) *Foster a better understanding of the LHIN and support for its programs in the development of a person-centred health system*

2) *Engage local communities to advance our key result areas for health system change*

3) *Work collaboratively with health service providers and partners to improve community engagement practices*

This year, the LHIN:

- *To shape the* IHSP 2016-19 *key priorities, the LHIN gathered feedback by consulting with stakeholders and conducting a public survey:*
    - 4,120 people responded to the LHIN's online bilingual survey, where they could provide their input on health priorities and share health-care experiences: 50% of respondents were users of heath care services, 37% worked in health care and 13% identified as caregivers or volunteers.
    - LHIN staff, CEO and board members facilitated consultation sessions with over 800 Providers, boards of directors, planning partners, consumers and caregivers about the changes they would like to see over the next three years.
- *Hosted 27 consultation sessions to seek feedback on the Minister's December 2015 discussion paper, Patients' First: A Proposal to Strengthen Patient-Centred Health Care in Ontario. The discussion paper outlined four components:*
    - More effective integration of services and greater equity
    - Timely access to primary care, and seamless links between primary care and other services
    - More consistent and accessible home and community care, and
    - Stronger links between population and public health and other health services.

    The LHIN conducted its engagement sessions on the discussion paper between January and March 2016. In total, more than 400 people took part, providing thoughtful and valuable input that was shared by the LHIN with the Ministry of Health and Long-Term Care. Eighty of the attendees were patients / clients, caregivers or family members, and eighty represented primary care.

- *Held Board of Directors meetings in St. Bernardin, and at Algonquins of Pikwàkanagàn First Nation. The LHIN board also delivered remarks at health service provider events, attended hospital strategic planning days, and hosted a number of board-to-board engagements on issues such as men's residential addiction treatment services and Health Links. In addition, the board hosted education sessions on topics such as patient engagement and Indigenous cultural competency / safety in health-care delivery.*

- *Co-hosted a speakers' series with Algonquin College for leaders and influencers to discuss changes and shifts that will affect our health system. At the first event, the LHIN's CEO spoke about how our population's changing needs are shaping the health system. Other event topics included palliative care and socio-economic determinants of health.*

- *Led successful media campaigns covering two of its initiatives: Healthy Food in Champlain Hospitals, and the Champlain Primary Care Quality Practice Facilitation.*

- *Responded to approximately 70 inquiries and complaints from the public, mostly related to Champlain health service providers across sectors, including hospitals, the CCAC, and others. The inquiries represent important input to ensure quality, accessible care for residents.*

- *Worked with the Vision Care Network to host an engagement session with stakeholders about the quality of and access to vision care services and to share ideas for improvement. This session helped to inform the Champlain Vision Care Plan.*

Indigenous Peoples

The LHIN partnered with the Indigenous Health Circle Forum (Circle) to identify opportunities for improving the health of Indigenous people.

The Circle conducts its own community-engagement activities, and brings the voices of Indigenous people to ensure their needs are considered in health service planning.

This year, after engaging with different Indigenous communities, the Circle shared input into the development of the LHIN's *IHSP 2016-19*, and Minister's Patients First discussion paper. The Circle's additional activities included:

- *Approximately 200 providers of mental health and addictions services and Health Links participated in an online Indigenous cultural safety training program.*
- *To help inform a research project on sound and innovative practices in diabetes prevention and management, focus groups and key informant interviews were held with 14 clients and 25 service providers, and 58 people responded to a diabetes survey.*
- *Focus groups were also conducted with 36 Indigenous youth to inform a mental health and addictions research project, and the development of Indigenous cultural safety guidelines.*

Francophone Communities

The LHIN partners with the French Language Health Services Network of Eastern Ontario (*Le Réseau*) in many planning and community engagement initiatives. With the LHIN, *Le Réseau*:

- *Participated on planning committees for the Seniors' Health Fair in Casselman, the Patient / Client Engagement Forum and* IHSP 2016-19 *development planning group, and on many of the LHIN's ongoing committees*
- *Worked with the LHIN to host consultations with Francophone-community members in the development of the* IHSP.
- *Regularly collaborated to implement the LHIN's Francophone Linguistic Variable Pilot Project, which collects information on linguistic identity to better inform planning and decision-making.*
- *Worked with the LHIN to support health service providers in fulfilling the new French-language service designation process, in which all French-language designated agencies must re-submit their designation plan every three years and attest to compliance with their designation.*

Immigrant Communities

The Champlain LHIN is a member of the Ottawa Local Immigration Partnership (OLIP). This is a collaborative, community partnership designed to build local capacity to attract, settle, and integrate immigrants. OLIP members include representatives from municipal government and other sectors, including education, employment, and health.

This year, a LHIN representative was named co-chair of OLIP's Health and Well-Being Sector Table.

In collaboration with OLIP and health service providers, the LHIN engaged with immigrant communities on these activities:

- *Seeking input on the LHIN's next strategic plan,* IHSP 2016- 19. *In partnership with South-East Ottawa Community Health Centre, and Jewish Family Services, the LHIN hosted two newcomer focus-groups to inform its three-year plan. These efforts also helped OLIP determine its own health priorities.*

- *Expanding the Multicultural Health Navigator Program to reach more clients and more communities.*

- *Responding to refugees' urgent and ongoing health needs by participating on the Refugee 613 Health Task Force, along with six community health centres, family health teams, Ottawa Public Health, and local settlement agencies in Ottawa.*

Primary Care

Engagement with primary care professionals is integral to building a coordinated health system and healthy communities. The Champlain LHIN involves primary care practitioners in health service planning and decision-making.

The LHIN also continued to build linkages and share information about the health system with the primary-care sector in a number of ways. This year, the focus was on strengthening Health Links, and planning for mental health and addiction services.

- *The LHIN's Primary Care Advisory Committee and Primary Care Networks participated as key stakeholders in the development of the* IHSP 2016-19, *and the Minister's Patient First discussion paper. The Committee continued to meet with LHIN staff to share input and consult on other LHIN initiatives.*

- *The LHIN co-hosted the fourth annual Primary Care Congress in collaboration with the University of Ottawa (Faculty of Medicine Continuing Professional Development Office), Champlain CCAC, and the Ontario Medical Association.*

  Approximately 150 participants attended the event, which is a unique opportunity for primary-care clinicians, allied health professionals, patients and caregivers, health planners and policy makers to meet, learn about the regional health system, and discuss ways to improve system integration for better patient care.

Operational Performance

In 2015-16, the LHIN planned and coordinated programs and projects aligned with the *IHSP 2013-16*, and worked with providers and partners to ensure sustainability of the region's health services.

The Champlain LHIN has kept operational and project costs to a minimum and effectively manages its annual budget. The Champlain LHIN uses only 0.31% of its annual transfer payment funding from the Ministry of Health and Long-Term Care for its operating budget. The remainder is used by hospitals and community health services providers in the region.

The LHIN office ended the year with a $3,667 surplus, representing 0.06% of the total operating budget of $5.0 million. Salaries and benefits for the 47.5 full-time equivalents made up the bulk of expenses, representing 75.15% of the total. Staff reported high job satisfaction and staff turnover was low.

Board expenses were higher by 40.0% over 2014-15 expenses, due to the recruitment for vacancies that existed during the prior fiscal year.

The Champlain LHIN contributed funds to the LHIN Shared Services Office and LHIN Collaborative to support back-office and other work across the 14 LHINs. Funding for a number of initiatives was maintained, including:

- *The French Language Health Services Network of Eastern Ontario (French Language Planning Entity for the Champlain and South East LHINs); and*
- *LHIN Physician Leads, including those in Critical Care, Emergency Department, and Primary Care.*

Funding for Enabling Technologies was distributed using a cluster approach. The Champlain LHIN continued in its role as the "cluster lead", coordinating funding on behalf of the South East, North East and North West LHINs.

Performance Indicators

The Ministry-LHIN Accountability Agreement (MLAA) defines the relationship between the Ministry of Health and Long-Term Care and the Champlain LHIN in the delivery of local health care programs and services. It establishes a mutual understanding and outlines respective performance indicators for the region, within a pre-defined period. Below, provincial and Champlain LHIN results on the 21 indicators are grouped by Performance (1-14) and Monitoring (15-21).

Champlain LHIN Performance on MLAA Targets: 2015 – 16

Indicators	Provincial Target	Provincial Results			Champlain LHIN Results		
		2014-15 Fiscal Year Result	Most Recent Quarter	2015-16 Result (year-to-date)	2014-15 Fiscal Year Result	Most Recent Quarter	2015-16 Result (year-to-date)
Performance Indicators							
1) Percentage of home care clients with complex needs who received their personal support visit within 5 days of the date that they were authorized for personal support services*	95.00%	85.39%	86.55%	85.28%	78.86%	83.80%	75.59%
The LHIN continuously monitored this indicator to drive process efficiencies in the face of increased client demand for these services. The CCAC's intake processes were improved through more automated scheduling practices.							
2) Percentage of home care clients who received their nursing visit within 5 days of the date they were authorized for nursing services*	95.00%	93.71%	93.21%	93.66%	91.70%	91.86%	91.82%
The result is close to meeting the provincial target. As client demand for these services increased, LHIN staff worked with the CCAC to review processes and put in place interventions to address delays in visit assignments.							
3) 90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)*	21 days	29.00	29.00	30.00	62.00	38.00	65.00
To reduce this wait time, the LHIN and CCAC made consistent efforts to improve intake and assessment processes. Client demand for home-care services continues to rise.							

Indicators	Provincial Target	Provincial Results			Champlain LHIN Results		
		2014-15 Fiscal Year Result	Most Recent Quarter	2015-16 Result (year-to-date)	2014-15 Fiscal Year Result	Most Recent Quarter	2015-16 Result (year-to-date)
Performance Indicators *(cont'd)*							
4) 90th percentile emergency department (ED) length of stay for complex patients	8 hours	10.13	10.48	9.97	10.68	11.50	10.38
Hospitals have improved patient flow in their emergency rooms through better triage and additional staffing. In 2015-16, the LHIN instituted daily bed management calls to monitor and make better use of unused hospital resources in real time. LHIN programs such as Home First, CCAC enhanced services, and convalescent care have also helped to discharge patients who have finished treatment, freeing up beds for patients waiting in the emergency room for admission							
5) 90th percentile emergency department (ED) length of stay for minor/uncomplicated patients	4 hours	4.03	4.28	4.07	4.52	4.93	4.58
Hospitals have put in place separate assessment zones for patients with uncomplicated conditions. . In addition, hospitals work to match their emergency-room staffing to changing levels of demand. The LHIN continued to work with the primary-care sector and Health Links to ensure patients can receive care in the most appropriate setting and avoid unnecessary emergency-room visits.							
6) Percent of priority 2, 3 and 4 cases completed within access target for MRI scans	90.00%	41.75%	40.37%	38.41%	40.49%	32.29%	32.23%
This was one of the most challenging indicators for the LHIN this year. The LHIN funded additional MRI scans by providing $356,000 to reduce wait times at different hospital sites. The LHIN also worked with hospitals to redistribute MRI patient referrals from hospitals with lengthy waits to those with shorter waits. Importantly, the LHIN worked with a steering committee to plan a manual central intake process for MRI scans across the region to improve efficiency further and even out wait lists at different sites. A physician specialist leader in the Champlain region sent a letter of guidance to family physicians on appropriateness of MRI referrals, focused on patients requiring hip and knee replacements. Lastly, Pembroke Regional Hospital recently launched its new MRI machine, which offers care closer to home and will alleviate some wait times. Due to a rising and aging population, demand for MRI scans has increased annually across the province.							
7) Percent of priority 2, 3 and 4 cases completed within access target for CT scans	90.00%	77.77%	74.08%	74.60%	79.45%	66.12%	66.61%
Similar to a strategy implemented to reduce MRI wait times, the LHIN worked with hospitals to redistribute CT patient referrals from hospitals with lengthy waits to those with shorter waits. In addition, workflow changes were put in place to improve efficiencies. Due to a rising and aging population, demand for CT scans has increased annually.							

Indicators	Provincial Target	Provincial Results			Champlain LHIN Results		
		2014-15 Fiscal Year Result	Most Recent Quarter	2015-16 Result (year-to-date)	2014-15 Fiscal Year Result	Most Recent Quarter	2015-16 Result (year-to-date)
Performance Indicators *(cont'd)*							
8) Percent of priority 2, 3 and 4 cases completed within access target for hip replacement	90.00%	81.51%	79.63%	79.97%	81.96%	86.35%	85.27%
The LHIN worked with the Champlain Regional Orthopedic Network to examine care quality and wait times for joint replacement surgeries. The LHIN and partners continued to enhance joint-replacement central intake and assessments centres. Some additional volumes were provided.							
9) Percent of priority 2, 3 and 4 cases completed within access target for knee replacement	90.00%	79.76%	78.18%	79.14%	85.02%	85.26%	88.02%
This target was very close to being met. Strategies to improve knee-replacement wait times were the same as for hip replacements, listed above.							
10) Percentage of Alternate Level of Care (ALC) Days*	9.46%	14.35%	14.15%	14.16%	12.10%	13.39%	12.58%
The LHIN made a number of changes to improve the flow of patients from acute care to sub-acute care and community-based services. For example, the LHIN led daily phone calls with hospitals in the region to assess the availability of beds and potential patient transfers. New processes were developed for patients requiring transfers to assess-and-restore beds. The LHIN continued to support programs such as Home First, CCAC enhanced services, and Assisted Living Services. The Champlain LHIN sub-acute capacity plan was in development to enable more appropriate resource allocation for patients based on their needs.							
11) ALC rate	12.70%	13.70%	14.12%	13.98%	12.13%	12.61%	12.64%
This is a similar indicator to the above metric of percentage of ALC Days. The same strategies were put in place for the ALC rate.							

Indicators	Provincial Target	Provincial Results			Champlain LHIN Results		
		2014-15 Fiscal Year Result	Most Recent Quarter	2015-16 Result (year-to-date)	2014-15 Fiscal Year Result	Most Recent Quarter	2015-16 Result (year-to-date)
Performance Indicators *(cont'd)*							
12) Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions*	16.30%	19.62%	20.33%	20.28%	18.02%	16.60%	17.65%
The new Familiar Faces program was implemented by the LHIN and partners to reduce readmissions for people with mental-health conditions. The program connects people with community services when they have visited the emergency room twice within 30 days. Two of the participating hospitals (The Ottawa Hospital and Hôpital Montfort) have implemented an automated system to ensure quick follow-up with the community provider. In addition, walk-in counselling services were expanded to Indigenous people at the Wabano Centre for Aboriginal Health. These services were also expanded to immigrant communities; the program is now available in various languages including English, French, Arabic, Cantonese, Mandarin, and Somali.							
13) Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions*	22.40%	31.34%	33.39%	33.42%	27.02%	26.56%	27.40%
The LHIN has expanded residential stabilization services for people with addictions who require a stable environment but are not yet ready for addiction treatment. Part of this expansion included a new bilingual residential stabilization program for women. The Familiar Faces program, described above, also served people with substance use conditions.							
14) Readmission within 30 days for selected HIG conditions**	15.50%	16.60%	16.62%	16.51%	16.11%	17.08%	17.10%
Extensive work was conducted on a number of fronts to reduce readmissions for chronic conditions. For instance, heart failure patients gained access to a rapid intervention clinic and a transitional care nurse. A common referral form for community lung health and pulmonary rehabilitation services was launched, as was a new program for stroke survivors in Cornwall. The LHIN continued to standardize and improve care for people with Chronic Obstructive Pulmonary Disease (COPD), chronic heart failure and stroke through the use of clinical handbooks for quality-based procedures. In addition, eight Health Links were operational, coordinating care and meeting the needs of the most complex clients.							

Indicators	Provincial Target	Provincial Results			Champlain LHIN Results		
		2014-15 Fiscal Year Result	Most Recent Quarter	2015-16 Result (year-to-date)	2014-15 Fiscal Year Result	Most Recent Quarter	2015-16 Result (year-to-date)
Monitoring Indicators							
15) Percent of priority 2, 3 and 4 cases completed within access target for cancer surgery	90.00%	87.02%	86.56%	88.03%	92.41%	92.58%	91.77%
16) Percent of priority 2, 3 and 4 cases completed within access target for cardiac by-pass surgery *The LHIN monitored this indicator closely, as it was not achieving the target after initial gains. Strategies to improve performance included opening temporary ICU beds, improving triaging of patients, and avoiding surgical closures. Additional strategies are being explored.*	90.00%	96.01%	94.00%	95.00%	75.96%	69.00%	75.00%
17) Percent of priority 2, 3 and 4 cases completed within access target for cataract surgery	90.00%	91.93%	87.37%	88.09%	89.84%	89.87%	88.91%
18a) CCAC wait times from application to eligibility determination for long-term care home placements: from community setting**	NA	14.00	15.00	14.00	20.00	20.00	18.00
18b) CCAC wait times from application to eligibility determination for long-term care home placements: from acute-care setting**	NA	8.00	7.00	8.00	11.00	12.00	12.00

Indicators	Provincial Target	Provincial Results			Champlain LHIN Results		
		2014-15 Fiscal Year Result	Most Recent Quarter	2015-16 Result (year-to-date)	2014-15 Fiscal Year Result	Most Recent Quarter	2015-16 Result (year-to-date)
Monitoring Indicators *(cont'd)*							
19) Rate of emergency visits for conditions best managed elsewhere per 1,000 population*	NA	19.56	4.58	12.86	21.94	5.15	14.13
20) Hospitalization rate for ambulatory care sensitive conditions per 100,000 population*	NA	320.78	80.87	235.64	297.25	78.06	224.25
21) Percentage of acute care patients who had a follow-up with a physician within seven days of discharge**	NA	46.09%	45.55%	46.58%	42.31%	42.60%	42.74%

* *FY 2015-16 is based on the available data from the fiscal year (Q1-Q3, 2015-16)*

** *FY 2015-16 is based on the available data from the fiscal year (Q1 and Q2, 2015-16)*

Board of Directors – Member Appointments

(Biographies available at www.champlainlhin.on.ca)

Jean-Pierre Boisclair, FCPA, FCA
Chair
Appointed March 4, 2015 for a three-year term

Elaine Ashfield
Re-appointed June 2, 2014 for a second three-year term

Marie Biron
Re-appointed June 2, 2014 for a second three-year term

Alexa Brewer
Re-appointed April 28, 2013 for a second three-year term

Guy Freedman
Appointed on November 4, 2015 for a three-year term

Randy Reid
Appointed August 28, 2013 for a three-year term

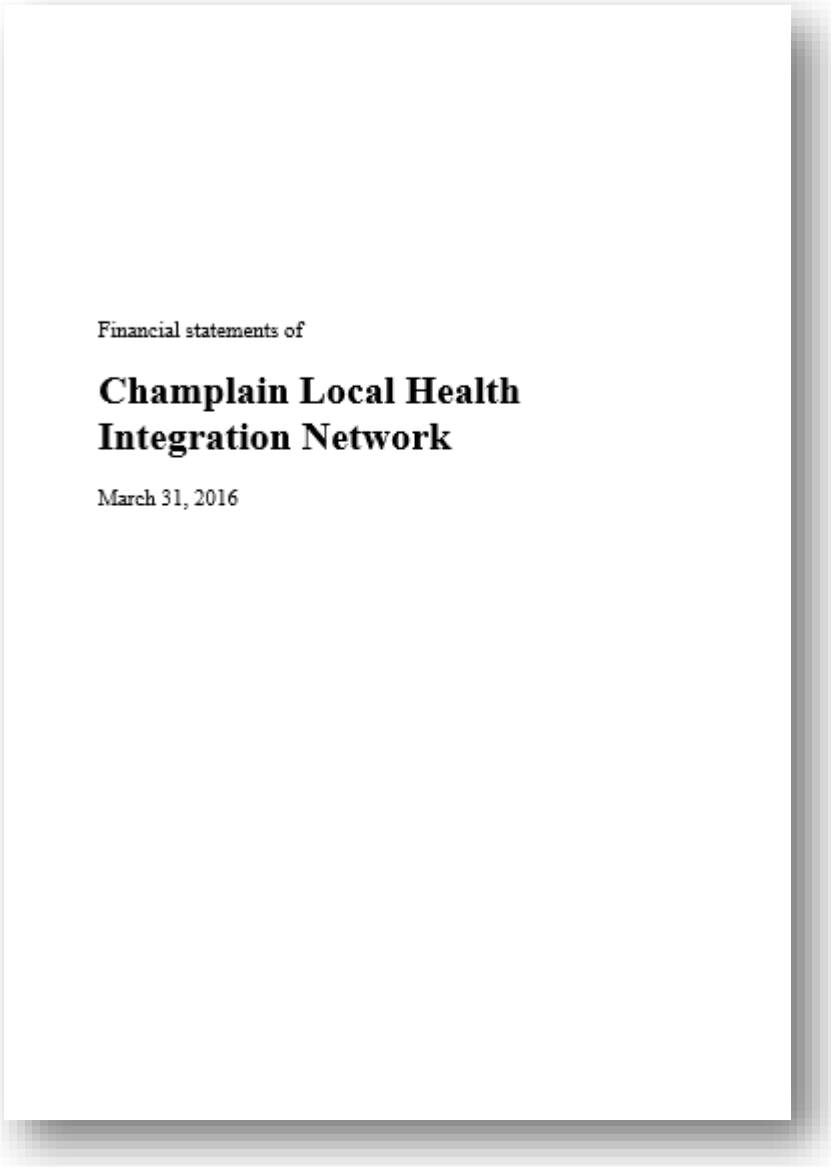
David Somppi
Re-appointed July 8, 2013 for a second three-year term

Pierre Tessier
Appointed on April 22, 2015 for a three-year term.

As the Chair and ethics executor for the Board, I confirm that the Champlain LHIN Board has complied with the conflict of interest policy, in accordance with the *Local Health System Integration Act, 2006.*

Jean-Pierre Boisclair
Chair, Board of Directors

Audited Financial Statements



Financial statements of

Champlain Local Health Integration Network

March 31, 2016

Report of Management

The management of the Champlain Local Health Integration Network (LHIN) is responsible for the preparation and presentation of the accompanying financial statements in conformity with Canadian public sector accounting standards. In preparing these financial statements, management selects appropriate accounting policies and uses its judgment and best estimates to ensure that the financial statements are presented fairly, in all material respects.

The LHIN maintains a system of internal accounting controls designed to provide reasonable assurance, at a reasonable cost, that assets are safeguarded and that transactions are executed and recorded in accordance with the LHIN's policies for doing business. This system is supported by written policies and procedures for key business activities; the hiring of qualified, competent staff; and by a continuous planning and monitoring program.

Deloitte LLP, the independent auditors appointed by the Board of Directors, have been engaged to conduct an audit of the financial statements in accordance with generally accepted auditing standards, and have expressed their opinions on these statements. During the course of their audit, Deloitte LLP reviewed the LHINs system of internal controls to the extent necessary to render their opinion on the financial statements.

The Board of Directors is responsible for ensuring that management fulfills its responsibility for financial reporting and internal control, and is ultimately responsible for reviewing and approving the financial statements. The Board carries out this responsibility principally through its Finance and Audit Committee. The Committee meets at least four times annually to review audited and unaudited financial information. Deloitte LLP has full and free access to the Finance and Audit Committee.

Management acknowledges its responsibility to provide financial information that is representative of the LHIN's operations, is consistent and reliable, and is relevant for the informed evaluation of the LHIN's activities.

Chantale LeClerc
Chief Executive Officer

Eric Partington
Senior Director
Health System Performance

May 25, 2016

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Independent Auditor's Report

To the Members of the Board of Directors of the
Champlain Local Health Integration Network

We have audited the accompanying financial statements of the Champlain Local Health Integration Network (the "LHIN"), which comprise the statement of financial position as at March 31, 2016, and the statements of operations, change in net debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of LHIN as at March 31, 2016, and the results of its operations, change in its net debt, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Deloitte LLP

Chartered Professional Accountants
Licensed Public Accountants
May 25, 2016

Champlain Local Health Integration Network

Statement of financial position
as at March 31, 2016

	2016	2015
	$	$
Financial assets		
Cash	**562,817**	562,581
Accounts receivable		
MOHLTC Transfer Payments for Health Service Providers	**9,770,942**	17,026,323
Due from LHIN (Note 4)	**30,735**	5,075
Other	**67,455**	71,991
	10,431,949	17,665,970
Liabilities		
Accounts payable and accrued liabilities	**515,929**	587,964
Due to LHIN (Note 4)	**9,446**	-
Due to Health Service Providers	**9,770,942**	17,026,323
Due to MOHLTC (Note 3b)	**145,204**	97,071
Due to the LHIN Shared Services Office (Note 4)	**4,547**	10,521
Deferred capital contributions (Note 5)	**94,034**	167,733
	10,540,102	17,889,612
Net debt	**(108,153)**	(223,642)
Commitments (Note 15)		
Non-financial assets		
Prepaid expenses	**14,119**	55,909
Tangible capital assets (Note 6)	**94,034**	167,733
	108,153	223,642
Accumulated surplus	**-**	-

Approved by the Board

Jean-Pierre Boisclair
Board Chair

Marie Biron
Finance and Audit Committee Chair

The accompanying notes to the financial statements are an integral part of these financial statements.

Champlain Local Health Integration Network

Statement of operations
year ended March 31, 2016

	Budget (Note 7)	2016 Actual	2015 Actual
	$	$	$
Revenue			
MOHLTC funding			
HSP transfer payments (Note 8)	2,518,595,100	2,557,158,981	2,560,729,522
LHIN Operations	5,004,290	5,004,290	4,970,797
Enabling Technologies (Note 10)	-	2,040,000	2,040,000
Regional Coordination of Diabetes Services	824,475	824,475	763,230
Project Initiatives			
Emergency Department Physician Lead	-	75,000	75,000
Indigenous Engagement	35,000	35,000	35,000
Emergency Room/Alternate Level of Care	100,000	100,000	100,000
French Language Services	106,000	106,000	106,000
FLHPE - Reseau des services de sante en francais de l'Est de l'Ontario	993,837	993,837	993,837
Primary Care LHIN Lead	-	75,000	75,000
Critical Care LHIN Lead	75,000	75,000	75,000
Amortization of deferred capital contributions (Note 5)	-	73,699	78,522
	2,525,733,702	2,566,561,282	2,570,041,908
Enabling Technologies funding allocated to other LHIN's	-	(1,530,000)	(1,530,000)
Funding repayable to the MOHLTC (Note 3b)	-	(48,133)	(97,071)
	2,525,733,702	2,564,983,149	2,568,414,837
Expenses			
Transfer payments to HSPs (Note 8)	2,518,595,100	2,557,158,981	2,560,729,522
LHIN Operations (Note 9)	5,004,290	5,000,623	4,966,740
Enabling Technologies (Note 10)	-	486,206	492,749
Regional Coordination of Diabetes Services (Note 11)	824,475	822,237	696,888
Project Initiatives			
Emergency Department Physician Lead	-	72,618	75,000
Indigenous Engagement (Note 12)	35,000	22,306	30,840
Emergency Room/Alternate Level of Care (Note 12)	100,000	100,000	100,000
French Language Services	106,000	106,000	106,000
FLHPE - Reseau des services de sante en francais de l'Est de l'Ontario (Note 12)	993,837	993,837	993,302
Primary Care LHIN Lead (Note 12)	-	72,182	72,028
Critical Care LHIN Lead (Note 12)	75,000	74,460	73,246
Amortization	-	73,699	78,522
	2,525,733,702	2,564,983,149	2,568,414,837
Annual and accumulated surplus, end of year	-	-	-

The accompanying notes to the financial statements are an integral part of these financial statements.

Champlain Local Health Integration Network

Statement of change in net debt
year ended March 31, 2016

	2016 Actual $	2015 Actual $
Annual surplus	-	-
Acquisition of tangible capital assets	-	(58,565)
Amortization of tangible capital assets	**73,699**	78,522
Decrease in prepaid expenses, net	**41,790**	768
Decrease in net debt	**115,489**	20,725
Net debt, beginning of year	**(223,642)**	(244,367)
Net debt, end of year	**(108,153)**	(223,642)

The accompanying notes to the financial statements are an integral part of these financial statements.

Champlain Local Health Integration Network

Statement of cash flows
year ended March 31, 2016

	2016	2015
	$	$
Operating transactions		
Annual surplus	-	-
Non-cash items		
Amortization of tangible capital assets	**73,699**	78,522
Amortization of deferred capital contributions (Note 5)	**(73,699)**	(78,522)
Changes in non-cash working capital		
Accounts receivable - MOHLTC HSP	**7,255,381**	(8,256,405)
Accounts receivable - Due from LHIN	**(25,660)**	42,425
Accounts receivable - Other	**4,536**	123,799
Accounts payable and accrued liabilities	**(72,035)**	90,187
Due to LHIN	**9,446**	-
Due to HSP	**(7,255,381)**	8,256,405
Due to MOHLTC	**48,133**	(87,809)
Due to LHIN Shared Services Office	**(5,974)**	5,989
Prepaid expenses	**41,790**	768
	236	175,359
Capital transaction		
Acquisition of tangible capital assets	-	(58,565)
Financing transaction		
Capital contributions received (Note 5)	-	58,565
Net change in cash	**236**	175,359
Cash, beginning of year	**562,581**	387,222
Cash, end of year	**562,817**	562,581

The accompanying notes to the financial statements are an integral part of these financial statements.

Champlain Local Health Integration Network

Notes to the financial statements

March 31, 2016

1. Description of business

The Champlain Local Health Integration Network was incorporated by Letters Patent on June 2, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the *Local Health System Integration Act*, 2006 (the "Act") as the Champlain Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished.

The LHIN is, and exercises its powers only as, an agent of the Crown. As an agent of the Crown, the LHIN is not subject to income taxation. Limits on the LHIN's ability to undertake certain activities are set out in both the Act and the Memorandum of Understanding between the LHIN and the Ministry of Health and Long-Term Care (the "MOHLTC").

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers Renfrew County, the City of Ottawa, Prescott & Russell, Stormont, Dundas & Glengarry, North Grenville and four parts of North Lanark. Most people live in the Ottawa area. Cornwall, Clarence-Rockland and Pembroke/Petawawa are also large communities. For more details, visit our website: www.champlainlhin.on.ca.

The LHIN has also entered into an Accountability Agreement with the MOHHLTC, which provides the framework for LHIN accountabilities and activities.

The LHIN is funded by the Province of Ontario in accordance with the Ministry-LHIN Accountability Agreement ("MLAA"), which describes budget arrangements established by the MOHLTC. These financial statements reflect agreed funding arrangements approved by the MOHLTC.

The LHIN assumed responsibility to authorize transfer payments to Health Service Providers ("HSP"), effective April 1, 2007.

The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the LHIN. The LHIN cannot authorize in excess of the budget allocation set by the MOHLTC. Throughout the fiscal year, the LHIN authorizes MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the HSP. The cash associated with the transfer payment does not flow through the LHIN bank account. Commencing April 1, 2007 all funding payments to LHIN-managed HSPs in the LHIN geographic area have flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized HSPs are expensed in the LHIN's financial statements.

The LHIN statements do not include any Ministry managed programs.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian public sector accounting standards. Significant accounting policies adopted by the LHIN are as follows:

Basis of accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable; expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, resources are consumed, and they are measurable.

Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of tangible capital assets.

2. Significant accounting policies (continued)

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. In addition, certain amounts received are used to pay expenses for which the related services have yet to be performed. These amounts are recorded as payable to the MOHLTC at year end.

Deferred capital contributions

Any amounts received that are used to fund expenses that are recorded as tangible capital assets, are also recorded as deferred capital contributions and are recognized as revenue over the estimated useful life of the asset reflective of the provision of its services. This amortization revenue is in accordance with the amortization policy applied to the related tangible capital asset.

Tangible capital assets

Tangible capital assets are recorded at cost. Cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of tangible capital assets. The cost of contributed tangible capital assets is recorded at the estimated fair value on the date of contribution. Fair value of contributed tangible capital assets is estimated using the cost of the asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the contributed capital asset would be recognized at nominal value.

Betterments or improvements that significantly increase or prolong the service life or capacity of a capital asset are capitalized. Software purchases, maintenance and repair costs are recognized as an expense when incurred.

Tangible capital assets are stated at cost less accumulated amortization. Tangible capital assets are amortized, on a straight line basis, over their estimated useful lives as follows:

Computer equipment	3 years
Computer software	3 years
Office furniture and fixtures	5 years
Leasehold improvements	Life of lease

For assets acquired or brought into use, during the year, amortization is provided for a full year.

Segment disclosures

A segment is defined as a distinguishable activity or group of activities for which it is appropriate to separately report financial information. Management has determined that existing disclosures in the Statement of operations and within the related notes for both the prior and current year sufficiently discloses information of all appropriate segments and, therefore, no additional disclosure is required.

Use of estimates

The preparation of financial statements in conformity with public sector accounting standards requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Significant items subject to such estimates and assumptions include valuation of accrued liabilities and useful lives of the tangible capital assets. Actual results could differ from those estimates.

3. Funding repayable to the MOHLTC

In accordance with the MLAA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC.

a) The amount repayable to the MOHLTC is related to the current year activities in the following programs:

	Funding received	Eligible expenses	Excess funding
	$	$	$
Transfer payments to HSPs	2,557,158,981	2,557,158,981	-
LHIN Operations	5,004,290	5,000,623	3,667
Amortization	73,699	73,699	-
Enabling Technologies	2,040,000	2,016,206	23,794
Regional Coordination of Diabetes Services	824,475	822,237	2,238
Emergency Department Physician Lead	75,000	72,618	2,382
Indigenous Engagement	35,000	22,306	12,694
Emergency Room/Alternate Level of Care	100,000	100,000	-
French Language Services	106,000	106,000	-
FLHPE - Réseau des services de santé en français de l'Est de l'Ontario	993,837	993,837	-
Primary Care LHIN Lead	75,000	72,182	2,818
Critical Care LHIN Lead	75,000	74,460	540
	2,566,561,282	2,566,513,149	48,133

b) The amount due to the MOHLTC at March 31 consists of:

	2016	2015
	$	$
Due to MOHLTC, beginning of year	97,071	184,880
Amount recovered during the year	-	(184,880)
Funding repayable to the MOHLTC related to current year activities	48,133	97,071
Funding repayable to the MOHLTC on behalf of the LHIN Enabling Technologies Cluster (other LHINs)	-	-
Due to MOHLTC, end of year	145,204	97,071

4. Related party transactions

The LHIN Shared Services Office ("LSSO") is a division of the Toronto Central LHIN and, as such, is subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO is an administrative body that provides centralized Human Resources, Information Technology, Legal and Finance support to all LHINs. The full costs of providing these services are billed to the LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHIN at the year end are recorded as a receivable from (payable to) the LSSO. This is all done pursuant to the Shared Service Agreement the LSSO has with all the LHINs. In addition, the LSSO periodically incurs additional expenses on behalf of the LHINs and charges the appropriate LHINs to recover these costs. The amount contributed by the LHIN to LSSO for fiscal 2016 was $381,664 (2015 - $351,662). These costs were shared by the LHIN Operations and Regional Coordination of Diabetes Services Programs in fiscal 2016.

The LHIN Collaborative ("LHINC") was formed in fiscal 2010 to strengthen relationships between and among health service provider associations and the LHINs, and to support system alignment. LHINC is a LHIN-led organization and accountable to the LHINs. In the first year of operation, LHINC was funded by the LHINs with support from the MOHLTC. LHINC is a division of Toronto Central LHIN and as such is subject to the same policies, guidelines and directives as the Toronto Central LHIN. The amount contributed by the LHIN to LHINC for fiscal 2016 was $47,500 (2015 - $50,929). These costs were shared by the LHIN Operations and Regional Coordination of Diabetes Services Programs in fiscal 2016.

Beginning in 2013-14, the Champlain LHIN has operated a regional Translation Program on behalf of the LHINs. The full costs of providing these services are billed to the LHINs. Any portion of the Translation Program operating costs overpaid (or not paid) by the LHINs at year end are recorded as a receivable (payable) to (from) the Champlain LHIN. This is done pursuant to the Shared Service Agreement with all the LHINs.

5. Deferred capital contributions

	2016	2015
	$	$
Balance, beginning of year	167,733	187,690
Capital contributions from MOHLTC	-	58,565
Amortization for the year	(73,699)	(78,522)
Balance, end of year	94,034	167,733

In fiscal 2016 no deferred capital contributions were recognized by the LHIN Operations or by the Regional Coordination of Diabetes Services for the purchase of tangible capital assets and leasehold improvements.

6. Tangible capital assets

			2016	2015
	Cost	Accumulated amortization	Net book value	Net book value
	$	$	$	$
Computer equipment	128,202	128,202	-	-
Computer software	58,832	50,475	8,357	16,713
Office equipment	259,183	222,807	36,376	58,427
Furniture and fixtures	426,055	413,415	12,640	19,655
Leasehold improvements	1,351,908	1,315,247	36,661	72,938
	2,224,180	2,130,146	94,034	167,733

7. Budget

The budget figures reported on the Statement of operations comply with PSAB reporting requirements and reflect the initial budget approved by the Government of Ontario as included in the signed MLAA.

During the year the Government approves budget adjustments. The total funding budget is made up of the following:

	Initial	Announcements	2016 Total	2015 Total
	$	$	$	$
HSP Transfer Payments	2,518,595,100	38,563,881	2,557,158,981	2,560,729,522
LHIN Operations	5,004,290	-	5,004,290	5,004,290
Enabling Technologies programs	-	510,000	510,000	510,000
Regional Coordination of Diabetes Services	824,475	-	824,475	788,301
Other programs	1,309,837	150,000	1,459,837	1,459,837
	2,525,733,702	39,223,881	2,564,957,583	2,568,491,950

8. Transfer payments to HSPs

The LHIN has authorization to allocate funding to the various HSPs in its geographic area. The LHIN approved transfer payments to the various sectors in fiscal 2016 and 2015 as follows:

	2016	2015
	$	$
Operations of Hospitals	1,638,542,984	1,665,550,074
Grants to compensate for Municipal Taxation Public Hospitals	355,650	355,650
Long-Term Care Homes	348,124,798	343,116,927
Community Care Access Centres	236,484,027	229,244,648
Community Support Services	45,677,863	41,621,596
Acquired Brain Injury	2,584,076	2,543,148
Assisted Living Services in Supportive Housing	23,266,386	22,299,732
Community Health Centres	62,432,199	61,983,526
Community Mental Health Program	71,194,900	66,920,045
Addictions Program	25,169,111	23,782,533
Specialty Psychiatric Hospitals	102,418,141	100,801,345
Grants to compensate for Municipal Taxation Psychiatric Hospitals	28,425	28,425
	2,556,278,560	2,558,247,649
Long-Term Care Homes prior year settlements	880,421	2,481,873
	2,557,158,981	2,560,729,522

9. LHIN Operations

The MOHLTC provides funds to the LHIN to cover personnel costs, project and program costs, as well as lease and office related costs. The funds are also used to subsidize the LHIN Shared Services Office as well as LHIN Collaborative (see Note 4). The expenses incurred are as follows:

	2016	2015
	$	$
Program based		
Salary and benefits	**3,760,955**	3,776,683
Consulting and LHIN-based projects	**36,019**	27,624
Other program costs	**240,366**	232,866
	4,037,340	4,037,173
Occupancy	**420,094**	400,874
LHIN Shared services	**328,612**	305,244
LHIN Collaborative	**40,897**	44,641
Governance per diems	**106,400**	67,793
Office equipment and supplies	**55,424**	86,111
Other	**11,856**	24,904
	5,000,623	4,966,740
Amortization	**53,133**	57,956
	5,053,756	5,024,696

Governance costs

Included in the above LHIN Operations results are costs to support the activities of the Board of Directors such as administrative support, travel, community engagement meetings, and other general costs. The expenses incurred are as follows:

	2016	2015
	$	$
Chair per diems	**59,500**	38,475
Other Board member per diems	**46,900**	29,318
Other	**18,744**	21,591
	125,144	89,384

10. Enabling Technologies for Integration Project Management Office and related programs

Enabling Technologies

In fiscal 2016, the LHIN entered into an agreement with the South East, North East and North West LHINs (the "Cluster") in order to enable the effective and efficient delivery of e-health programs and initiatives within the geographic area of the Cluster. Funding was provided to enable the cluster LHIN Project Management Offices to advance eHealth, information management and information technology initiatives as outlined in the ETI PMO Toolkit Business Case approved by the MOHLTC.

The Champlain LHIN is designated the Lead LHIN with this agreement and as such holds the accountability over the distribution of the funds and manages the shared Project Management Office. In the event that the Cluster experiences a surplus the Lead LHIN is responsible for returning those funds to the MOHLTC. The total Cluster funding received for the year ended March 31, 2016 was $2,040,000 (2015 - $2,040,000).

Funding of $1,530,000 (2015 - $1,530,000) was allocated to other LHIN's within the cluster who incurred eligible expenses of $1,530,000 (2015 - $1,530,000). A summary of Enabling Technologies funding and expenses are as follows:

	Funding allocated	Eligible expenses	**2016** Excess funding	2015 Excess funding
	$	**$**	**$**	$
Champlain LHIN	**510,000**	**486,206**	**23,794**	17,251
South East LHIN	**510,000**	**510,000**	-	-
North East LHIN	**510,000**	**510,000**	-	-
North West LHIN	**510,000**	**510,000**	-	-
	2,040,000	**2,016,206**	23,794	17,251

Expenses incurred by the LHIN are:

	2016	2015
	$	$
Salaries and benefits	**465,595**	449,614
Consulting services	-	-
Other program costs	**20,611**	43,135
	486,206	492,749
Amortization	**1,313**	1,313
	487,519	494,062

11. Regional Coordination of Diabetes Services

In 2009 the MOHLTC established a Diabetes Regional Coordination Centre in each LHIN to support the goals of the Ontario Diabetes Strategy. These goals include: the identification of regional and local service needs, the engagement of primary care and other diabetes service providers across the region to facilitate the adoption of standards and best practices, and the coordination of regional services for adults with pre-diabetes and diabetes to support a more integrated system. In February 2013, the operational mandate, functions and funding for the delivery of this program were transferred to the LHIN. Expenses incurred are as follows:

	2016	2015
	$	$
Salaries and benefits	**608,438**	499,068
Other program costs	**213,799**	197,820
	822,237	696,888
Amortization	**19,253**	19,253
	841,490	716,141

12. Operations of LHIN - Project Initiatives

Emergency Department Physician Lead

Since fiscal 2008 the MOHLTC has worked closely with the LHINs, Ontario hospitals and healthcare professionals to implement a comprehensive Emergency Department Strategy. To support the improvements required by this strategy, the MOHLTC and the LHIN jointly retained an Emergency Department Physician Lead. The funds received have been used to compensate the Physician Lead and to cover related business expenses.

Indigenous Engagement

The MOHLTC provided funding for Indigenous community engagement. The LHIN allocated the funds to support the IndigenousHealth Circle Forum and community engagement activities to improve Indigenous health across the region.

Emergency Room/Alternate Level of Care Performance Lead (ER/ALC)

Improving Emergency Department wait times and reducing hospital ALC days are key provincial priorities. The LHIN received funds to hire a staff resource to implement the ER/ALC Overarching Plan and the ER Pay for Results Action Plan, and to advance the implementation of a standard performance management approach.

French Language Health Services (FLHS) Program

The objectives of the FLHS Program are to improve equitable access to quality health services for Francophones of the Champlain region as well as to support the LHIN in meeting its legal obligations (under the French Language Services Act (FLSA) and the Local Health System Integration Act (LHSIA)) and to implement provincial priorities with respect to French Language Services at the regional and local levels.

12. Operations of LHIN - Project Funds (continued)

FLHPE - Réseau des services de santé en français de l'Est de l'Ontario

Following the adoption of the LHSIA in 2006, the MOHLTC prescribed the Réseau des services de santé en français de l'Est de l'Ontario as the French Language Health Planning Entity (FLHPE) for the Champlain and South East LHINs. In March 2011, the Champlain and South-East LHINs and the Réseau entered a five-year funding and accountability agreement. This Agreement defines the respective roles and responsibilities of all 3 parties relating to the provision of advice by the Entity on the engagement of the Francophone community in the planning for and integration of health services that reflect the health needs and priorities of the Francophone communities. On December 5, 2015, the Minister of Health and Long-Term Care reselected the Réseau des services de santé en français de l'Est de l'Ontario to continue as the French language planning entity for the geographic areas of Champlain Local Health Integration Network and South East Local Health Integration Network. The Champlain and South-East LHINs and the Réseau entered another five-year funding and accountability agreement.

Primary Care LHIN Lead

The LHIN received funding for a Primary Care Physician Lead who has a mandate to facilitate linkages between the primary care sector and the LHIN and lead specific initiatives with primary care in an effort to improve health system outcomes within the Champlain region. These initiatives will help to advance health system integration and contribute to improvements in LHIN performance measures.

Critical Care LHIN Lead

The Critical Care project, which began in 2011-12, includes a review of the needs of our rural, community, and tertiary-level critical care programs in our region. This includes participation as Lead with the Critical Care Secretariat and incorporating an understanding of operational processes with other programs such as Emergency Medical Services (paramedics) and Criticall. Priorities to-date have included planning for Ventilator Assisted Pneumonia (VAP) and Central Line Infection Prevention (CLI) Toolkit updates, Surge Capacity Protocol updates, the Extramural Critical Care Response Team, Life or Limb policy including repatriation, Ventilator Stock Pile, scorecards and quality measures.

The LHIN received funds for various project initiatives listed in the Statement of Operations. The following table classifies the initiatives expenses by object:

	2016	2015
	$	$
Salaries and benefits	**201,913**	202,900
Professional services	**1,210,318**	1,223,100
Mail, courier and telecommunications	**1,208**	675
Other	**27,964**	23,740
	1,441,403	1,450,415

13. Pension agreements

The LHIN makes contributions to the Healthcare of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of 49 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed by the LHIN to HOOPP for fiscal 2016 was $ 418,135 (2015 - $382,356) for current service costs and is included as an expense in the Statement of operations. The last actuarial valuation was completed for the plan as of December 31, 2015. At that time, the plan was fully funded.

14. Guarantees

The LHIN is subject to the provisions of the Financial Administration Act. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favour of third parties, except in accordance with the Financial Administration Act and the related Indemnification Directive.

An indemnity of the Chief Executive Officer was provided directly by the LHIN pursuant to the terms of the *Local Health System Integration Act, 2006* and in accordance with s. 28 of the *Financial Administration Act*.

15. Commitments

The LHIN has commitments under various operating leases expiring at various dates to 2021 related to office space and to 2018 related to equipment. Lease renewals are likely; however, there are no commitments extending beyond 2021 at this time. Minimum lease payments due are as follows:

	$
2017	533,533
2018	530,929
2019	530,149
2020	530,149
2021	265,075

The LHIN also has funding commitments to HSPs associated with accountability agreements. Minimum commitment to HSPs, based on the current accountability agreements, is as follows:

	$
2017	2,531,210,706
2018	351,569,838
2019	351,569,838

The actual amounts that will ultimately be paid to HSP's are contingent on receipt of anticipated levels of funding from the MOHLTC. At this time, the Champlain LHIN has agreements with long term care providers that have been renewed until March 31, 2019. The agreements with hospitals and community sector providers expire on September 30, 2016 and March 31, 2017 respectively. Renewal of accountability agreements for these providers is anticipated; however, there are no commitments extending beyond 2017 at this time.

16. Corresponding figures

Certain corresponding figures have been reclassified to conform to the current year's presentation.

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